

Depression

Let's face it, having cancer, and getting treatment is hard. Most cancer patients experience some level of distress associated with their diagnosis and treatment. This distress can impact your functioning (physically, emotionally, and psychologically). You may feel worried, sad, angry, frustrated, and hopeless while at the same time, trying to maintain a positive outlook. These feelings are all normal. Most cancer patients are resilient and possess strategies for managing these feelings. We do this by gathering and using our social supports and family, asking for help, and talking about our emotions and feelings. This is usually enough to help folks cope with the roller coaster of emotions brought about by cancer.

However, there are some individuals who experience a major depression associated with their cancer diagnosis/treatment. Other risk factors for depression include

- A pre-existing history of depression with/without previous treatment.
- · A family history of depression.
- Limited social supports.
- Financial toxicity associated with cancer treatment.

Major depression occurs in 10-25% of cancer patients. Cancer patients who are depressed report lower quality of life, difficulties sticking with their treatment plans, and increased/longer inpatient hospital stays.

What are the signs of depression?

Some symptoms you may experience with depression include:

- Having a sad mood for most of the day.
- Being sad on most days.
- · Loss of pleasure and interest in most activities.
- Feeling unmotivated.
- Staying away from family and friends.
- Frequent crying/tearfulness-often without a trigger.
- Changes in eating and sleeping habits (eating more/less or sleeping more/less)
- Feeling nervous, sluggish, forgetful, and on edge.
- Difficulty focusing.
- Feeling tired most of the time.
- · Feeling worthless or guilty.
- Inability to concentrate.
- Changes in sexual function/loss of interest in intimacy.
- · Recurrent thoughts of death or suicide.

These symptoms cause distress and may impact our social relationships, work, and/or other important areas of functioning and participation/completion of activities of daily living. These symptoms are not due to medical conditions. This can make the diagnosis of depression in cancer patients more difficult, as fatigue, weight, and

appetite changes and sleep changes can all be related to your actual cancer (and treatment).

How is depression treated?

If you are feeling down and depressed, it is ok to ask for help.

Treatment of depression can be with medications, therapy, or a combination of these modalities. Medications can be very successful in reducing depressive symptoms but can take 2-4 weeks to become effective. They can have side effects including decreased sex drive, dry mouth, weight gain, nausea, and dizziness. A word of caution: St. John's Wort (hypericum perforatum) has been used as an over-the-counter herbal antidepressant, but can interfere with many chemotherapy agents. Be sure to talk with your care team about any medications, including vitamins and herbal therapies.

Your care team can also make referrals and recommendations for therapists (psychologists, counselors, social workers, and psychiatrists) for "talk therapy." This treatment focuses on counseling, support, life skills teaching, relaxation, education, and cognitive/behavioral interventions to increase coping and resilience.

Cancer support groups may also help. Support groups have been shown to improve mood, help develop coping skills, and improve quality of life. You can find support groups through local cancer centers, The Cancer Support Community, and the American Cancer Society. Many organizations, such as CancerCare, also offer online support groups.

When to Contact Your Care Team

- If you experience symptoms of depression for two weeks or more, contact your care team.
- If you are uncertain about your mood, emotions, or coping, contact your care team to request a further assessment.
- If you would like to talk with someone about self-care techniques to manage distress, ask to speak with your oncology social worker.

If you have thoughts of suicide or harming yourself, contact your care team immediately. If you are a family member or support person of an individual who is experiencing thoughts of suicide, contact your care team, or call 911.

Resources

Anxiety, Fear & Depression from the ACS

Depression from Cancer.net

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